

Incident Report

New Jersey Department of Community Affairs

PO Box 816, Trenton NJ 08625-0816

Phone 609-292-2097 Fax 609-984-7084

HOTLINE 609-292-2099

N.J.A.C. 5:14A-4.13

To be completed by owner immediately after accident or injury and faxed to the above number within 24 hours. If the accident results in death, serious injury or failure of a critical structural and/or mechanical component call the Carnival Amusements Ride **Hotline** at 609-292-2099.

Company Name:		Date :	
Trading As:		Phone:	
Address of Incident: Street _____		City:	
County _____		Zip Code:	
Ride Name:	Permit # :	NJ Serial Number:	
Date of Incident:	Time of Incident:	AM	PM
Weather:			
Name of Injured :		Age:	Height:
Address of injured : Street: _____		City:	
State: _____		Zip Code:	
Type of injury & Body Part Injured :			

Did the injured go on for further treatment (hospital, doctor)? Yes _____ No _____ If yes to either, call
Was the injured transported by ambulance? Yes _____ No _____ **HOTLINE Immediately**
If yes, where did the injured go? _____

Detailed description of Incident:

List all operators on the ride:

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

List all witnesses: (Include names(first and last), age, address and relationship to owner or injured

Print name

Signature

Office Use Only

Received by:	Inspector Notified:			
Incident Type:	Investigate	Yes	No	
Date of Notification :	Via:			